

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1			X			
2						
3				1		
4				2		
5				0		
6				0		
7				0		
8				0		
9				0		
10				0		
11				0		
12				0		
13				0		
14				0		
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31				0		
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38				0		
39				0		
40				0		
41				0		
42				0		
43				0		
44				0		
45				0		
46				0		
47				0		
48				0		
49				0		
50				0		
TOTAL IND.			1			
TOTAL DEP.			25			
TOTAL CLAIMS			26			

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
52												
53												
54												
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TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												